



## Gonorrhea

Infections due to *Neisseria gonorrhoeae* (GC) continue to be a major cause of morbidity in the United States. Consequences of gonorrhea infection may include pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

The national gonorrhea Incidence has declined to a rate of 113.5 per 100,000 nationally in 2004, falling over 75% since 1975. In Washington State, gonorrhea incidence also declined through the late 1990s to a low of 34.3 per 100,000 in 1998.

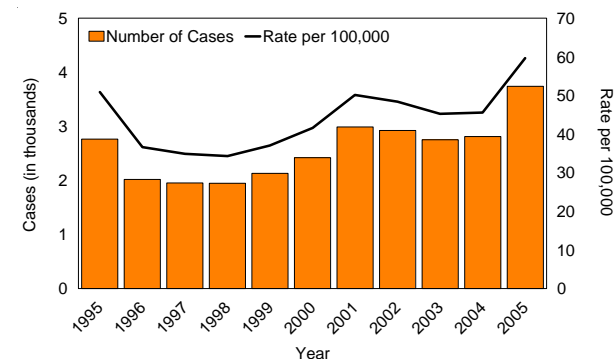


Figure 3 - Gonorrhea Cases and Rates, Washington State 1995 - 2005

Since that time however, the gonorrhea rate has been intermittently increasing. In 2005, gonorrhea incidence in Washington reached a 12-year high of 59.7 per 100,000 (Figure 3).

- GC incidence peaks for males in the 20 – 24 age group at 218.9 per 100,000
- Highest incidence for females is in the 20 – 24 age group at 248.2 per 100,000

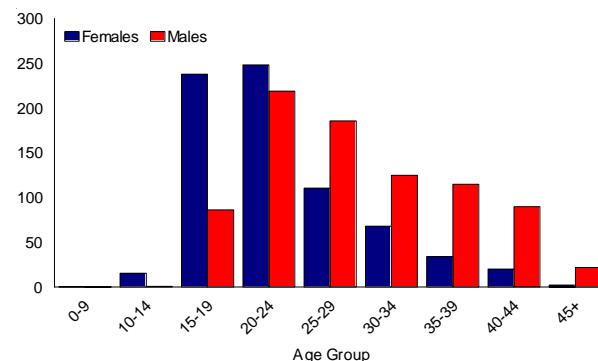


Figure 4 - Gonorrhea Rates by Gender and Age Group, Washington State 2005

The age distribution of gonorrhea differs between genders and age groups as seen in Figure 4. Statewide, the greatest incidence of disease among females, 66.0% of total female morbidity in 2005 is among 15-24 year olds, while for males the greatest burden of disease continues to be distributed more evenly among those 25 years of age and older. Males had a higher gonorrhea incidence rate (67.9 per 100,000) than females in 2005 (51.7 per 100,000). A major factor contributing to the different distribution of gonorrhea incidence among men and women is an ongoing outbreak among men who have sex with men (MSM). However, increasing rates of gonorrhea infection have been noted in all groups and populations in Washington State in the previous two years.

## Chlamydia & Gonorrhea by County

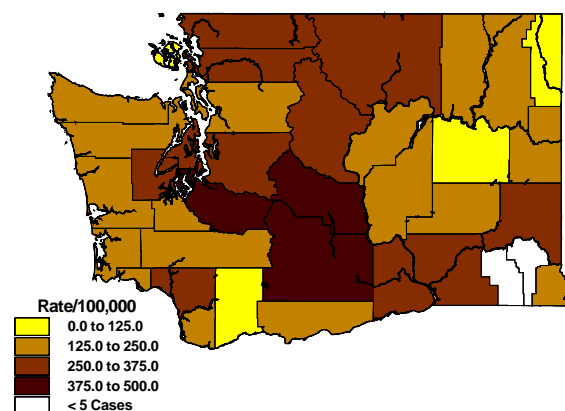


Figure 5 - Chlamydia Incidence Rates by County, Washington State 2005

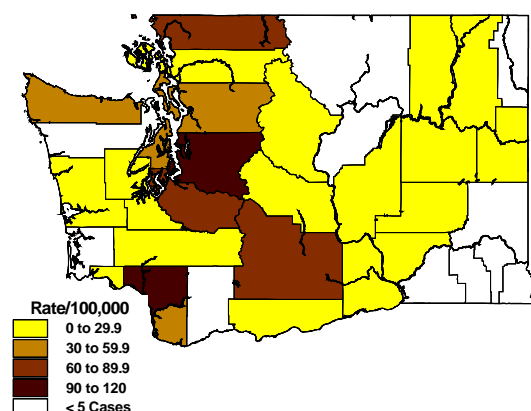


Figure 6 - Gonorrhea Incidence Rates by County, Washington State 2005

## Syphilis

Syphilis is caused by infection with *Treponema pallidum*, a spiral-shaped, slender and highly mobile spirochete bacteria. Syphilis has four distinct stages, primary, secondary, early latent and late latent. All four stages of syphilis were reported in 2005.

- Incidence rate for P & S Syphilis in 2005 is unchanged from 2004 at 2.4 per 100,000
- Syphilis among MSM in King County accounts for most cases reported in 2005

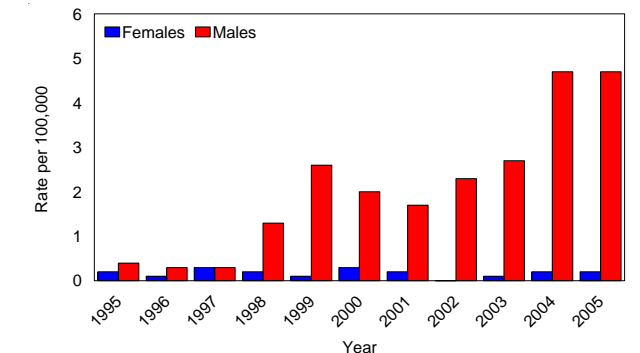


Figure 7 - Primary & Secondary Syphilis Rates by Gender and Age Group, Washington State 1995 - 2005

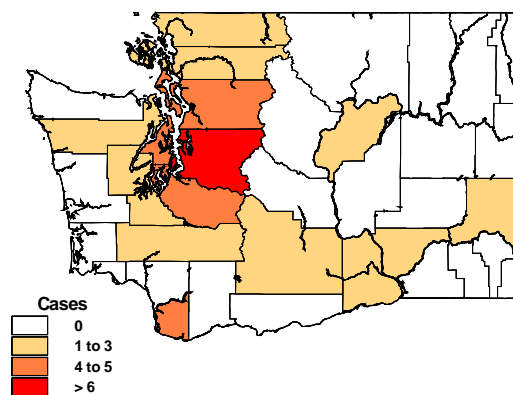


Figure 8 - Early Syphilis Cases Reported by County, Washington State 2005

Of 152 primary and secondary syphilis cases reported in 2005, 119 (78%) were reported from King County (See Figure 8). This pattern has been observed since 1997 in contrast to previous outbreaks where a greater proportion of cases were reported from counties other than King County.

There continues to be a large disparity between male and female rates (Figure 7), which demonstrates that the ongoing syphilis outbreak in King County is driven primarily by MSM. No cases of congenital syphilis were reported in 2005 in Washington State.

## Genital Herpes and Other STDs

Washington State is one of a handful of states that require reporting of initial infection of genital herpes and this reporting requirement was made permanent by the State Board of Health in 2005. Only the initial infection is tracked in the state surveillance system. In 2005, 2,329 cases of genital herpes initial infection were reported (37.2 per 100,000 persons).

Chancroid, LGV, and GI are very rare STDs. A total of only 30 cases of chancroid were reported nationwide in 2004. No cases of chancroid or GI were reported in Washington State in 2004. Three cases of LGV were identified in Washington State in 2005.

## Special Focus ~ Neonatal Herpes Infection

Two cases of neonatal herpes infection were reported in Washington State in 2005, though the true incidence of this serious condition is considered to be much higher. Untreated, HSV infection results in death for up to 85% of infected infants. Even when aggressively treated, up to two thirds of those infected at birth may experience profound, lasting neurologic sequelae.

Providers of delivery services and infection control officers at birthing facilities in Washington State are reminded that neonatal herpes infection is a legally Notifiable Condition in Washington State and should be reported within three work days to local public health authorities.